

Revised Manifest Summary Report

NORTHRIDGE MEDICAL ARTS BLDG
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Manifest Date	Bates#	Manifest#	Quantity	Units	Gallons	Code	# Trips	Assessed (gl) Volume	
07/20/1990		88677245		583.8	LBS		CMP		

Total Records: 1

Default Volume: 0

Total Waste Volume: .2919

UNIFORM HAZARDOUS WASTE MANIFEST		1 Generator's US EPA ID No	Manifest Document No	2 Page 1 of	Information in the shaded areas is not required by Federal law
3. Generator's Name and Mailing Address NORTHRIDGE MEDICAL ARTS BLDG 9535 RESEDA., NORTHRIDGE, CA		CAL 000 293 561		A. State Manifest Document Number 88677245	
4. Generator's Phone () 818 990-2631		6 US EPA ID Number CAD 042 245 001		C. State Transporter's ID 110237	
5. Transporter 1 Company Name OMEGA RECOVERY SERVICES		8 US EPA ID Number		D. Transporter's Phone 213 698-0991	
7. Transporter 2 Company Name		10 US EPA ID Number		E. State Transporter's ID	
9. Designated Facility Name and Site Address OMEGA RECOVERY SERVICES 12504 E. WHITTIER BLVD WHITTIER, CA 90602		CAD 042 245 001		F. Transporter's Phone	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12 Containers No Type		13 Total Quantity	
a. WASTE OIL, N.O.S., COMBUSTIBLE LIQUID, NA 1270		341		14 Unit Wt/Vol	
b. WASTE AMMONIA HYDROXIDE CORROSIVE MATERIAL NA 2671		D001, F002		State 121	
c.		D002		EPA/Other	
d.				State	
J. Additional Descriptions for Materials Listed Above A, B, 5 GALLON CONTAINERS		K. Handling Codes for Wastes Listed Above a. 01 b. 01		c. d.	
15. Special Handling Instructions and Additional Information PROFILE NUMBERS A16632, 16633					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment, OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name Bill Ragan		Signature Bill Ragan		Month Day Year 07/20/90	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature Robert J. Cirincione		Month Day Year 07/20/90	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19					
Printed/Typed Name FRANK FORD		Signature Frank Ford		Month Day Year 07/20/90	